

Rural & Frontier Health Division Update

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Welcome to the sixth issue of the "Rural and Frontier Health Division Update!" This newsletter is provided as an informational source on activities involving the programs and services within the division. Comments and/or suggestions are welcomed and may be addressed to WDH-RFHD@health.wyo.gov.

Office of Rural Health

GOVERNOR'S HPSA DESIGNATION:

What are we announcing?

The federal government has approved the governor's request for a "Governor's Health Professional Shortage Area (HPSA)" designation, which could lead to improved federal support for Rural Health Clinics (RHCs) in certain areas of Wyoming.

What is a HPSA?

HPSAs are counties, partial counties, or communities that, by federal definition, have too few primary care providers for the population they serve. RHCs can only exist in HPSAs. Wyoming's NEW population to provider ratio for RHCs is 1,500:1 with some additional requirements (population density of less than 10 persons per square mile, or 25% or higher population below 200% Federal Poverty Level, or 15% of population age 65 or older). The existing federal requirement for RHCs is a population to provider ration of 3,500:1.

What do Rural Health Clinics do?

The RHC program is intended to increase primary care services for Medicaid and Medicare patients in rural, underserved communities. RHCs can be public, private, or non-profit. In Wyoming, a RHC must be inspected and certified by the Wyoming Office of Healthcare Licensing and Surveys.

Which new areas now qualify for potential Rural Health Clinic status?

Albany County, northern Campbell County, Crook County, and Uinta County, Fremont County, northern Lincoln County, and Sheridan County.

Why does this matter?

The main advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services in rural areas. Without the governor's HPSA designation, these areas could not meet the federal requirements, which could prevent access to care for many of the state's remote poor, and/or elderly citizens.

Which areas were already eligible?

Big Horn, Carbon, Converse, Crook, Goshen, Hot Springs, Niobrara, Platte, Sublette, Sweetwater, Washakie and Weston counties. Partial counties include the southern half of Campbell, the southern half of Johnson, the northwest portion of Fremont including the reservation, and the southern half of Lincoln. In addition, parts of south Cheyenne, parts of central Casper, all of Meeteetse, all of Rock River, all of Pine Bluffs, and portions of the area in and around Torrington.

TOP 10 RURAL ISSUES FOR HEALTH CARE REFORM

Rural people and communities face many of the same health care concerns confronting the rest of the nation – exploding health care costs, large numbers of uninsured and underinsured, and an overextended health care infrastructure. However, we also face many unique challenges. Here are the top 10:

○ An Economy Based on Self-Employment and Small Business

Owner-operated farms, ranches and small businesses dominate the rural economy. As a result, rural areas have lower rates of employer-sponsored health insurance and higher rates of uninsurance and underinsurance. Any health care reform provision that relies exclusively on maintaining the current employer-sponsored health insurance system will not be as relevant for rural areas for these reasons. Health care reform must include options – including a public health insurance plan option – to small businesses and the self-employed for comprehensive, affordable and continuous coverage comparable to larger group coverage.

○ Public Health Insurance Plans: Dependence and Need

Nearly a third more rural people are covered by public health insurance plans compared to urban residents. Public plans in health care reform are important to rural people for two reasons – strengthening the current plans for those already a part of them and providing a public health insurance plan option for those who do not qualify for current programs and who are unable to obtain affordable, comprehensive and continuous health insurance through their work or through the private market. Private and public health insurance plans is not an either-or proposition. Rather, both are necessary and compatible for a high-functioning, cost-effective system.

○ A Stressed Health Care Delivery System

The health care infrastructure in much of rural America is a web of small hospitals, clinics and nursing homes (often attached to the hospitals) often experiencing significant financial stress. Reform must provide these facilities with resources to update their technology, provide care to the unserved and underserved, and must address the current funding model that places many rural facilities at a disadvantage.

○ Health Care Provider and Workforce Shortage

Rural areas have critical shortages of all health care providers and professionals, particularly the primary care professionals that are so important in rural communities. Reform must offer new approaches and incentives for rural health professionals. New methods of financing health care must also not exacerbate the rural health care shortage by providing even more economic disincentives to rural, primary-care medical professionals.

○ An Aging Population

Many rural areas are experiencing an aging population, and with it an increase in chronic diseases, disability, and pressure on an already burdened health care system. Reform must provide the services and facilities to enable aging rural people to stay in their homes and communities.

○ A Sicker, More At-Risk Population

Rural people have higher rates of nearly all chronic diseases and conditions and higher rates of disability. The ultimate health status of rural people has much to do with health insurance coverage and the type of health insurance coverage. These differentials between rural and non-rural people also place rural people more at risk of higher premiums or being denied coverage when pre-existing conditions exist. These factors all lead to poorer health outcomes for many rural people. To address these disparities, health care reform legislation should act to both enhance and promote health and remove barriers to affordable health insurance coverage.

○ Need for Preventive Care, Health and Wellness Resources

Rather than treating just sickness, our health care system must focus on wellness and prevention. This is particularly true for rural areas that suffer higher rates of obesity and other preventable problems. Reform must do more to enhance and promote health and wellness.

- **Lack of Mental Health Services**

Over half the counties in the United States have no mental health professionals. As a result, the stressed primary care delivery system in rural areas ends up treating mental health issues for which they are ill-equipped. Reform must create incentives to provide resources for a specialty rural mental health marketplace similar to what exists for rural medical clinics.

- **Increasing Dependence on Technology**

Technology is increasingly used to improve patient safety, quality of care, and efficiency. However, adoption of health information and telehealth technology remains low in rural areas in many respects. Reform must include resources for health technology, and efforts to close the rural broadband gap.

- **Effective Emergency Medical Services**

Emergency medical services (EMS) are first-line health care providers in rural areas. Rural EMS providers are underfunded, face growing demand, and workforce and volunteer shortages. Reform legislation must provide resources to make these vital EMS services sustainable.

(Source: Center for Rural Affairs, Lyons, NE, April 2009)

RURAL NURSE INITIATIVE:

The School of Nursing at the University of Missouri-Kansas City has announced the initiation of an innovative new Rural Nurse Initiative program. The program, which is funded through a HRSA grant, uses multi-modal on-line technology to allow rural and remote nurses nationwide to pursue their Bachelors degree in nursing without ever leaving their homes and communities. Thus the program hopes to keep nurses working in their rural communities while they continue to broaden their expertise as nurses.

The UMKC Rural Nurse Initiative (RNI) program provides each distance learner with a broadband laptop computer for the duration of their education in the program. Additionally, each distance learner will be linked with other distance learners to meet real life health needs in communities around the nation. During the program students will have opportunities to view live streaming simulation activities, engage with urban medical and nurse experts, 'attend' conferences and presentations in the urban setting and develop a network of colleagues nationwide.

Clearly the need for health practitioners in the rural areas is great. It is our hope that the Rural Nurse Initiative will not only prepare rural nurses at the baccalaureate level but also provide a core group of nurses who will continue their education to become nurse educators, advanced practitioners or researchers while remaining in the communities that most need their services.

For more information about the Rural Nurse Initiative, contact the School of Nursing at 1-800-499-8652 or visit their website at www.umkc.edu/nursing.

REACHING AMERICA'S HEALTH POTENTIAL: (A State-by-State Look at Adult Health)

[RWJF Commission to Build a Healthier America Report Shows Gaps in Health Strongly Linked to Education Levels](#): Across the country, adults in every state fall far short of the level of good health that should be achievable for all Americans, according to a new report released by the Robert Wood Johnson Foundation Commission to Build a Healthier America. In fact, almost half of all adults ages 25 to 74 in the United States report being in less than very good health, and that rate differs depending on level of education.

Adults who have not graduated from high school are more than two and a half times as likely to be in less than very good health as college graduates. Furthermore, those who have graduated from high school but not gone to college are nearly twice as likely to be in less than very good health as college graduates.

- [Read the news release.](#)
- [Download the chartbook.](#)
- [Sign up for the Vulnerable Populations News Digest.](#)

Health and Human Services Secretary Kathleen Sebelius recently released a new report, ***Hard Times in the Heartland: Health Care in Rural America***, outlining the health care challenges facing rural communities. The report was developed by HHS staff from across the department and comes on the same day Director of the White House Office of Health Reform Nancy-Ann DeParle, HRSA Administrator Mary Wakefield, and Representative Mike Ross will hold a meeting with Americans from rural communities as part of the ongoing series of White House Health Care Stakeholder Discussions.

"Americans in rural communities have seen their premiums skyrocket and are finding it difficult, if not impossible to get the care they need," Secretary Sebelius said. "Today's report confirms that we cannot wait to enact comprehensive health reform."

Hard Times in the Heartland indicates that nearly 50 million people in rural America face challenges accessing health care. Not only do these Americans face higher rates of poverty, they report more health problems, are more likely to be uninsured, and have less access to a primary health care providers than do Americans living in urban areas. The report notes:

- Nearly one in five of the uninsured -- 8.5 million people -- live in rural areas.
- Rural residents pay on average for 40 percent of their health care costs out of their own pocket, compared with the urban share of one-third.
- In a multi-state survey, one in five insured farmers had medical debt.

Go to <http://healthreform.gov/reports/hardtimes/> to read the full report.

NATIONAL HEALTH SERVICE CORPS

The National Health Service Corps' (NHSC) open application period for Loan Repayment Program and Scholar placement for the money approved in the ARRA (American Recovery and Reinvestment Act) is June 2009 – September 2010. These programs are targeted to award over \$200,000,000 during that time and they "don't want any money left-over." Eligible professions are:

- **Primary care physicians:** MD or DO in family practice, internal medicine, pediatrics, obstetrics-gynecology, psychiatry
 - **Primary care nurse practitioners**
 - **Certified nurse-midwives**
 - **Primary care physician assistants**
 - **Dentists:** general or pediatric
 - **Dental hygienists**
 - **Behavioral and mental health providers:** health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselor
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In this federal program, outpatient care employment sites must be approved by NHSC for their current employees and or their future employees to participate. The application is available at <http://nhsc.bhpr.hrsa.gov>.

Visit <http://hpsafind.hrsa.gov/HPSASearch.aspx> to determine if you are located within a HPSA.

Information about the Nursing Education Loan Repayment Program can be found at <http://bhpr.hrsa.gov/nursing/loanrepay.htm>.

Office of Telehealth and Telemedicine (OTT)

TELEHEALTH/TELEMEDICINE UPDATE: (extracted from Wyoming Telehealth Steering Committee minutes, May 5, 2009)

FCC/ORHP Grants: The Request for Proposal (RFP) for network construction has been posted to the FCC website. Target date for start of construction is mid-summer, but the FCC will still have to approve contractor selection and release of funds. Also, a current project of the Wyoming OCIO is to identify telecommunications needs statewide and identify gap areas.

Network Usage: for March 2009, 30 events, 600 participants, \$80,000 in administrative savings, 10,740 usage minutes across network. Usage continues to grow for educational/administrative activities, and a plan is being written for piloting clinical applications.

Educational Programs: Dr. Jim Bush is working with Wyoming's two medical centers (CRMC and WMC) to identify telehealth/telemedicine programs of interest, such as high risk pregnancy, urology, cardiology, and stroke.

ARRA Update:

- The Wyoming Department of Health's contract for the Electronic Health Record (EHR) and Health Information Exchange (HIE) have been awarded to Affiliated Computer Services (ACS).
- A website (<http://telehealth.health.wyo.gov>) has been set up to collect input from providers statewide. The goal is to provide a coherent statewide picture and develop a strategy for Wyoming's ARRA grant requests.
- Other issues being discussed are linking the inmate EHR at the Department of Corrections to the Total Health Record (THR) at WDH, contacting pharmacists for ARRA input, and getting input from physicians.

FCC UPDATE ON RURAL HEALTHCARE PILOT PROGRAM INITIATIVE:

The Federal Communications Commission recently announced the approval of funding under its Rural Health Care Pilot Program (RHCPP) for the build-out of five broadband telehealth networks that will link hundreds of hospitals regionally in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Carolina, South Dakota, Wisconsin, and Wyoming. The Heartland Unified Broadband Network (\$4.7 million) project is expanding and enhancing an existing network to increase the use and quality of teleradiology and increase distance education activities throughout the six states.

RECENT NEWS FROM THE RURAL ASSISTANCE CENTER:

\$10 Million Prize Seeks to Transform U.S. Healthcare:

Apr 24, 2009 -- Reuters article reports that organizers of the X Prize, who have set up contests

for space travel, DNA research and super-efficient cars, said on Tuesday they are offering \$10 million to the winner of a contest to transform the health of people in a small U.S. community.

Op-Ed: Surgeon Shortage Worries Rural Doc

Apr 13, 2009 -- Health Care Blog editorial by Anne Williams, MD discusses how there aren't nearly enough new surgeons coming along to fill vacancies in Rural America.

As Medical Charts Go Electronic, Rural Doctor Sees Healthy Change

Apr 13, 2009 -- New York Times article tells how electronic health records are helping physicians in rural practices.

Agriculture Secretary Vilsack Announces \$60 Million for Rural Community Facilities Projects

May 19, 2009 -- Agriculture Secretary Tom Vilsack today announced the selection of more than \$60 million in essential community facilities and emergency responder projects that are being funded immediately with federal funds provided through the American Recovery and Reinvestment Act.

Community-Based Mental Health Programs Improve Youth Performance and Save Millions in School Costs

May 7, 2009 -- Systems of care -- coordinated networks of community-based mental health services and supports for children and youth with serious mental health challenges -- are able to dramatically improve the academic, behavioral and emotional performance of participating youth according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Rural Mental Health Care Deficit Alarming

Apr 28, 2009 -- Center for Rural Affairs article reports that over half of the counties in the United States have no mental health professionals, a situation that has changed little in 45 years.

FUNDING OPPORTUNITIES:

CIGNA Foundation Grants: http://www.raconline.org/funding/funding_details.php?funding_id=2127

Application deadline: Applications accepted on an ongoing basis. Targeted grants in five areas: Health of Women, Children & Families, Obesity Awareness & Prevention, Patient/Doctor Communications & Health Literacy, Disparities in Health Care, and Connection Between a Healthy Mind & Body.

Tribal Management Grant Program:

http://www.raconline.org/funding/funding_details.php?funding_id=487 Application deadline: Aug 7, 2009. Grants to assist federally-recognized tribes and tribally-sanctioned tribal organizations in assuming all or part of existing Indian Health Service programs, services, functions, and activities.

U.S. Bancorp Foundation Grants:

[Grants:](#)

Application deadline: Applications accepted on an ongoing basis. Support for the creation of economic opportunity through grants to organizations that provide affordable housing, encourage self-sufficiency, and assist economic development.

[Community Services Block Grant Training and Technical Assistance Program: Capacity-Building for Ongoing CSBG Programs and Strategic Planning and Coordination Supported by the American Recovery and Reinvestment Act of 2009](#)

[Click here](#)

Application deadline: Jun 12, 2009. Funding for state-wide capacity building collaborations.

Upcoming Events:

- Skill Building Workshop, July 21-22, 2009, Park City, UT
- Quality and Clinical Conference, July 22-24, 2009, Park City, UT
- Rural Health Clinic Conference, October 6-7, 2009, Portland, OR
- Access Hospital Conference, October 7-9, 2009, Portland, OR

We're on the Web!

See us at:

www.health.wyo.gov/rfhd